

HORMONAL TREATMENT FOR VESICOUTERINE FISTULA IN WOMEN OF REPRODUCTIVE AGE IS BOTH EFFECTIVE AND SAFE

Hypothesis / aims of study

Vesicouterine fistulas (VUFs) are relatively infrequent sequelae of mainly repeated cesarean section. The cesarean section rate has been on the increase for the past two decades, and, similarly, is the risk of VUF. In 1980, hormonal manipulation by oral contraceptives was introduced as the conservative means of VUF treatment [1]. In 1999, a review of world data confirmed its high efficacy in comparison with spontaneous healing, or nonsurgical resolution [2]. The present work aimed to update this information for the later period.

Study design, materials and methods

A review of English and non-English literatures (1999-2009) was made using online database (using Medical Subject Heading-based terms: *fistula*, *vesico(-)uterine*, *vesico(-)cervical*, *utero(-)vesical*, *cervico(-)vesical*, *menouria*, and *Youssef's syndrome*) searches (PubMed®, Current Contents®, OVID®), and supplemented by a personal search. Further, the acquired data were combined with the data previously reported [2], and statistically analyzed (Chi-square test).

Results

In 26 separate accounts, a total of 41 patients was identified. In 5 patients, oral contraceptives, medroxyprogesterone, danazol, and gonadotropin-releasing hormone analogs have been attempted and all reported as curative and without serious side effects. No spontaneous healing was reported over study period. The current records are summarized in Table 1.

	Successful hormonal treatment	Spontaneous healing	P - value
1999 review [2]	88.9% (8/9)	4.2% (33/787)	< 0.001
Present work (1999-2009)	92.9% (13/14)	4.0% (33/823)	< 0.001

Table 1. Success rates for hormonal treatment and spontaneous healing of VUF.

Interpretation of results

Since 1999, the success rate of hormonal treatment for VUF has increased, whereas spontaneous healing has steadily declined. Excellent response to treatments typical for endometriosis can be explained by anatomopathological findings that in young women the VUF canal is lined with the epithelium consistent with the endometrium [3].

Concluding message

This update on hormonal treatment for VUF provides additional data indicating that this intervention has a high reported efficiency. As now being reconfirmed, this method of treatment should be the first-line therapy in women of reproductive age.

References

1. Rubino SM. Vesico-uterine fistula treated by amenorrhoea induced with contraceptive steroids. Two case reports. *Br J Obstet Gynaecol* 1980;87:343-344
2. Jóźwik M, Jóźwik M. Spontaneous closure of vesicouterine fistula. Account for effective hormonal treatment. *Urol Int* 1999;62:183-187
3. Jóźwik M, Jóźwik M, Sulkowska M, Musiatowicz B, Sulkowski S. The presence of sex hormone receptors in the vesicouterine fistula. *Gynecol Endocrinol* 2004;18:37-40

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Is this a clinical trial?	No
What were the subjects in the study?	HUMAN
Was this study approved by an ethics committee?	No
This study did not require ethics committee approval because	it was a literature search.
Was the Declaration of Helsinki followed?	Yes
Was informed consent obtained from the patients?	No